

8/16/2016

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AUG 19 2016

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

DIVISION

U.S. DISTRICT COURT
MID. DIST. TENN.

LARRY SALTERS

(Name)

N/A

(Prison Id. No.)

Larry SALTERS

(Name)

(Prison Id. No.)

Plaintiff(s)

v.

DICKSON County, Tenn

(Name)

Charlotte TN. 37036

(Name)

Defendant(s)

(List the names of all the plaintiffs filing
this lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

Civil Action No. _____
(To be assigned by the Clerk's Office.
Do not write in this space.)

JURY TRIAL REQUESTED ☒ YES ☐ NO

(List the names of all defendants
against whom you are filing this
lawsuit. Do you use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: LARRY D SALTERS

Prison I.D. No. of the first plaintiff: _____

Address of the first plaintiff: P.O. Box 177 Charlotte TN 37036

Status of Plaintiff: CONVICTED ☐ PRETRIAL DETAINEE ☐

2. Name of the second plaintiff: N/A

Prison I.D. No. of the second plaintiff: _____

Address of the second plaintiff: _____

Status of Plaintiff: CONVICTED ☐ PRETRIAL DETAINEE ☐

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Dickson County Jail
 Place of employment of the first defendant: _____
 First defendant's address: Po Box 177 Charlotte TN
37036
 Named in official capacity? ☒ Yes ☐ No
 Named in individual capacity? ☐ Yes ☒ No
2. Name of the second defendant: Deputy Newmyer & Nurse Karen
 Place of employment of the second defendant: Dickson County Jail
 Second defendant's address: Charlotte TN 37036
Po Box 177 Newmyer & Nurse
& Deputy
 Named in official capacity? ☒ Yes ☐ No
 Named in individual capacity? ☐ Yes ☒ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners). Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

III. **PREVIOUS LAWSUITS** (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? Yes X No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs
 Defendants

2. In what court did you file the previous lawsuit? N/A

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? N/A

4. What was the Judge's name to whom the case was assigned? N/A

5. What type of case was it (for example, habeas corpus or civil rights action)?

 N/A

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) N/A

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending? N/A

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) N/A

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? Yes X No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

Dickson County Jail

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☐ Yes ☒ No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☒ Yes ☐ No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? Captain Felts, L.T. Lindeys
Chief Holt Sheriff Bledsoe

2. What was the response of prison authorities? Smart remarks
lik how's your jail Blow

F. If you checked the box marked "No" in question IV.D above, explain why not. N/A

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☒ Yes ☐ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☒ Yes ☐ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? The Depts & Nurses
on the Button & Kiosk Boxes in the jail

Deputy Nurses

2. What was the response of the authorities who run the detention facility? _____

ignored me lack of malpractice,

- J. If you checked the box marked "No" in question IV.H above, explain why not. N/A

V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

Not coming to my Aid like it tells
us, to do on the windows in side the Pod D-60
if emergent situation, contact the control tower and they will-
advise
Nothing happened

VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

I Was going to the door to see where chow was and I
slipped and Fall in the Pod-D-60 Area from the
Water that was still pulled up in the floor by the
Eating talber it looked like a shadow but it was water
still standing And thats when my feet came out from
under me! my orange shoes that i had on are slick. When
its wet didn't no until i hit the floor in D-60
Pod At the Dickson County jail that's when I
landed on my right Elbow & right hip it took
a day 1/2 to get to see the Nurses and Karen said theres
nothing wrong with my Elbow or hip that they didn't
look at neither and the jail wouldn't show me
the X rays. the time was 5:04 PM Date 5/18/2016
When all this happen At the Dickson County Jail
in Charlotte TN. and this happen on 2nd shift

* Deputy Newmyer * Nurses Karen & Kim

VII. **RELIEF REQUESTED:** State exactly what you want the Court to order each defendant to do for you.

Sue the Jail for lack of
Malpractice that the staff didn't give
me until the lawsuit was filed then
they was worried!!

I request a jury trial. ☒ Yes ☐ No

VIII. **CERTIFICATION**

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Larry Dutton

Date: 5/18/2016

Prison Id. No. _____

Address (Include the city, state and zip code.):

Dickson TN 37055
Charlotte TN 37036 Po. Box 122

Signature: N/A

Date: _____

Prison Id. No. _____

Address (Include the city, state and zip code.): _____

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

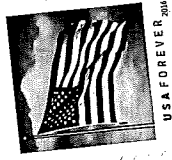
ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER. Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.

Henry Silters

P.O. Box 177

Charlotte TN. 37036



United States District Court
801 Broadway Room 800
Nashville, TN 37203

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